

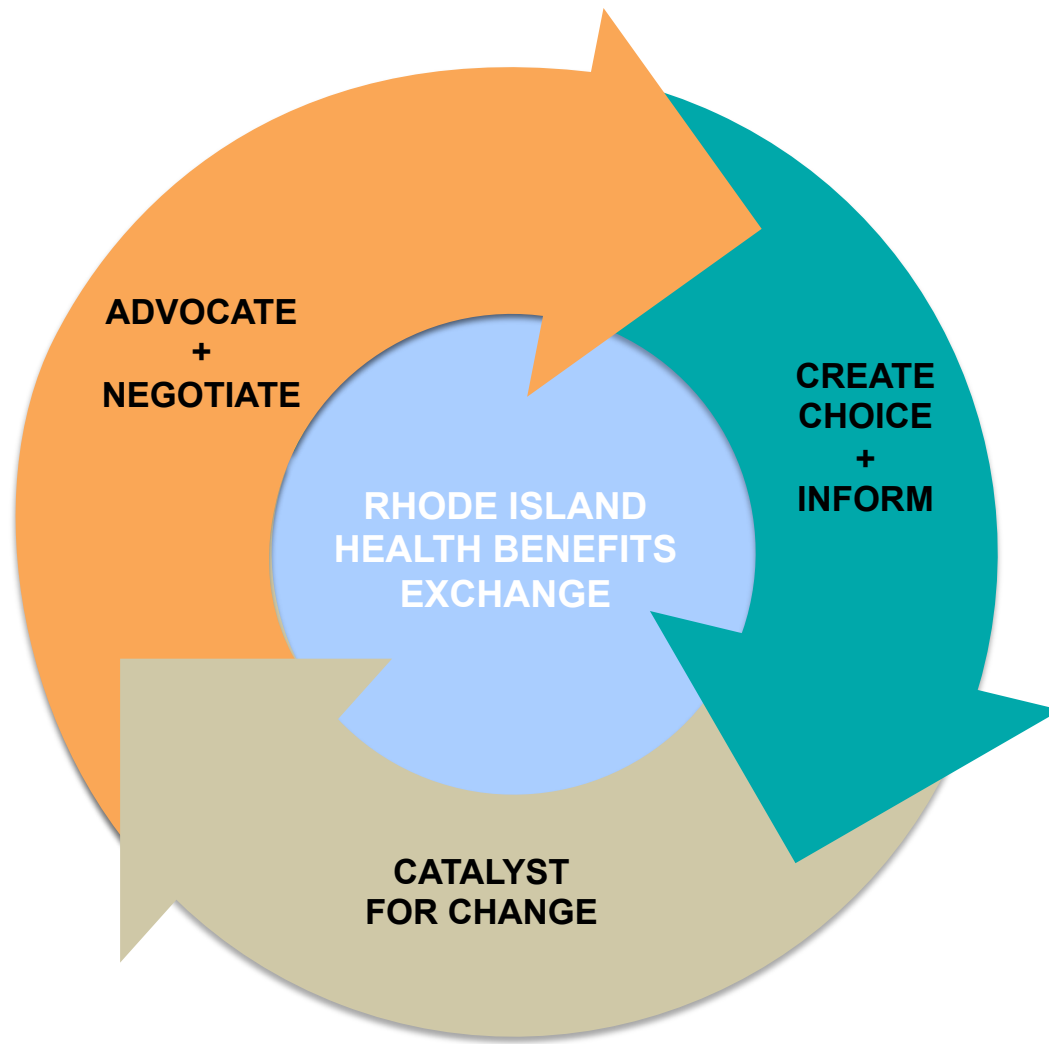
RHODE ISLAND HEALTH BENEFITS EXCHANGE

Eligibility Appeals System for ACA Programs

Expert Advisory Committee
June 11, 2013

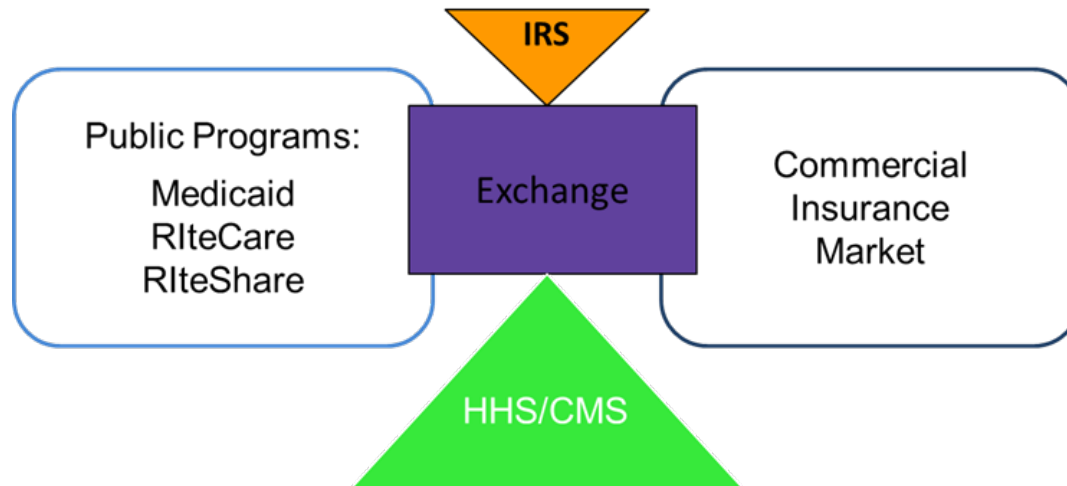


What is the Exchange?



The Rhode Island Health Benefits Exchange

- The Exchange will be a marketplace for all Rhode Islanders to identify their health coverage options and, for those eligible, purchase coverage.
- The Exchange will operate as part of a larger healthcare environment.



The Rhode Island Health Benefits Exchange

Single Application

Single Eligibility System

Many Programs

- MAGI Medicaid
- APTCs and CSRs for low-income applicants not Medicaid eligible
- Basic QHP coverage
- Plus other programs available through Exchange
 - SHOP
 - Mandate Exemption

Exchange Eligibility Rules

Eligibility rules for individual coverage on Exchange:

- Legally present in US
- RI State resident
- Not incarcerated

Eligibility for APTCs (in addition to above):

- Not eligible other affordable coverage
- Income (MAGI) up to 400% of (FPL)
 - About \$45,000/year for single person / \$90,000/year family of four

Medicaid eligibility also linked to MAGI

Eligibility Appeal Types

<u>Current System</u>	<ul style="list-style-type: none"> • Medicaid/CHP/RlteCare Eligibility • “Complex” Medicaid Eligibility Appeals (Aged, Disabled, Blind) • Benefit Access for Medicaid Enrollees <ul style="list-style-type: none"> • Sometimes after RlteCare plan appeal • (Currently hearing office also handles food stamps, cash assistance, etc.)
<u>New ACA Appeals</u>	<ul style="list-style-type: none"> • MAGI Medicaid Eligibility <ul style="list-style-type: none"> • Old populations and new populations (childless adults) • QHP Eligibility <ul style="list-style-type: none"> • Including eligibility for premium tax credits (PTCs) and cost-sharing reductions (CSRs) • Small Business Exchange (SHOP) Eligibility <ul style="list-style-type: none"> • Employers and Employees, eligibility to use the Exchange • Large Employer Appeals <ul style="list-style-type: none"> • 50+ Employees, subject to penalties when not offering affordable coverage • Individual Mandate Exemptions <ul style="list-style-type: none"> • Appeals from denials of exemptions

**** Out of Scope:** Appeals to health plan about access to a benefit.

Medicaid, CHIP, and Exchange Appeals – Proposed Rules

CMS released proposed rules in January

- State must coordinate appeals for:
 - MAGI Medicaid/CHIP eligibility
 - QHP/APTC/CSR eligibility
- Rules modernize current appeals regulations:
 - Expedited appeals process for certain cases
 - Request a hearing:



Phone



In-Person



Mail/Fax



Electronic

Medicaid, CHIP, and Exchange Appeals – Proposed Rules

States can choose how to address individual eligibility appeals

Integrated/
Delegated
Appeals Approach

OHHS **or** Exchange
is appeals entity
across programs

Bifurcated
Appeals Approach

OHHS retains
authority over
Medicaid

Exchange retains
authority over its
coverage groups

OR

State defers to
HHS

- For Exchange appeals, HHS will operate federal system
- If State Exchange has its own system, consumer must try that first

Medicaid, CHIP, and Exchange Appeals - **Approaches**

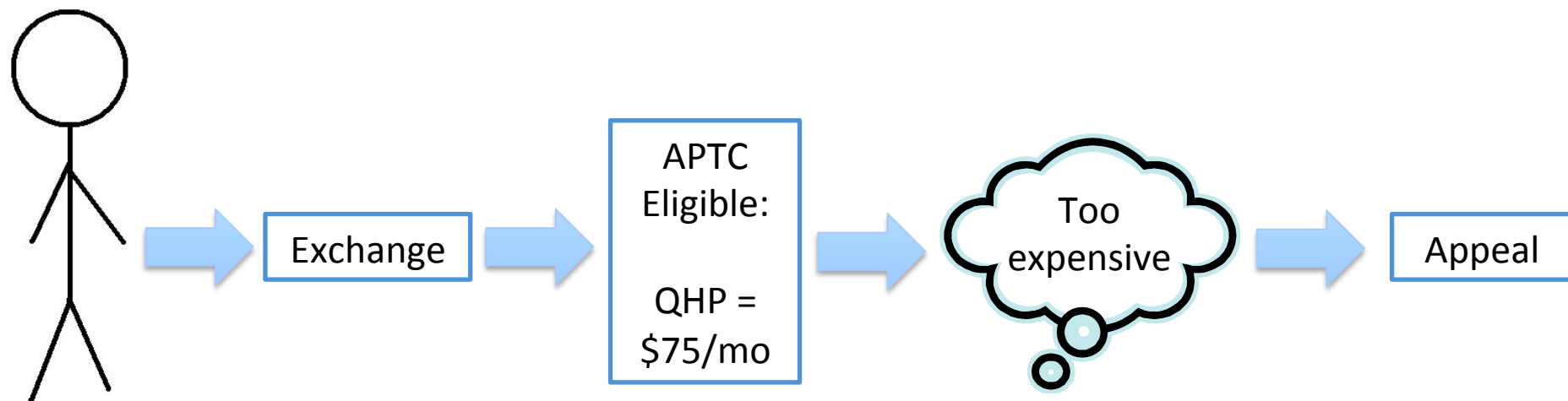
Integrated Approach

- One channel & one point of contact
- One appeal, one determination, one judge, one decision
- Lower volume
- Efficient for consumers
- Efficient for State

Bifurcated Approach

- Two channels & two points of contact (OHHS & Exchange)
- Individual could go through two appeals process from one determination
- Mixed families and confusion over where to appeal
- Possibility of “dueling” appeal decisions

Example: Patrick from Woonsocket

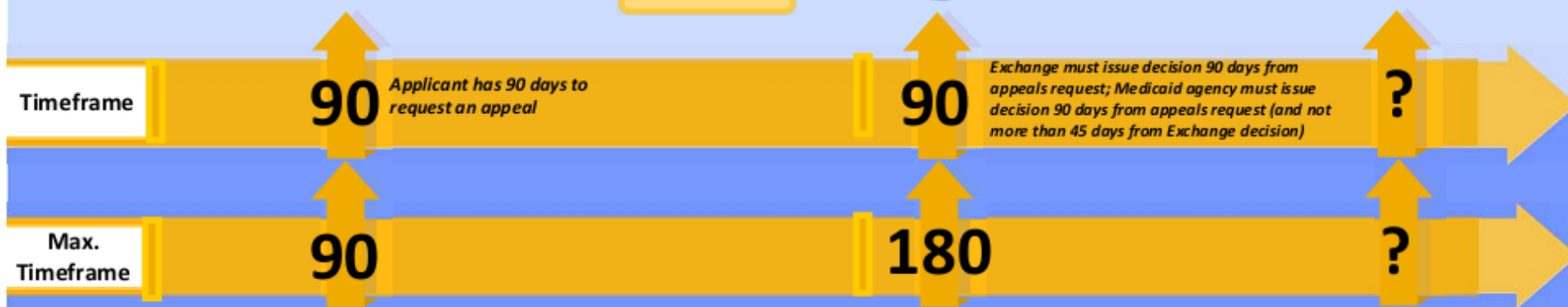
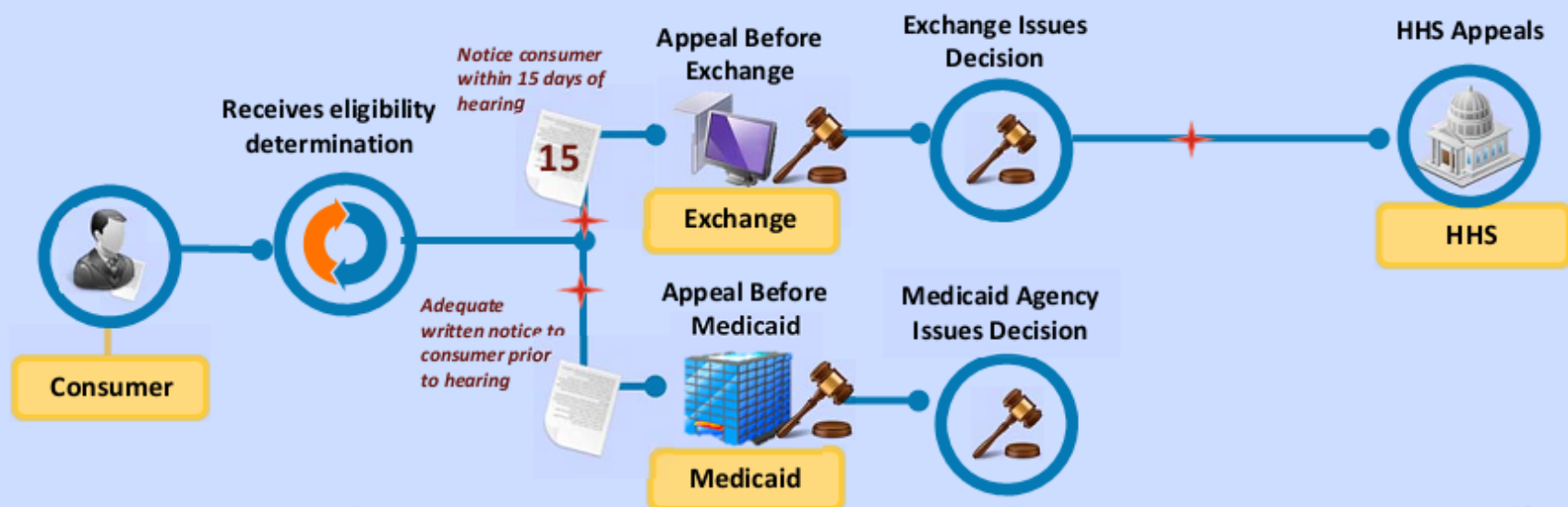


Patrick:
\$20,000/yr
166% FPL

Is this a Medicaid appeal or a QHP/PTC appeal?

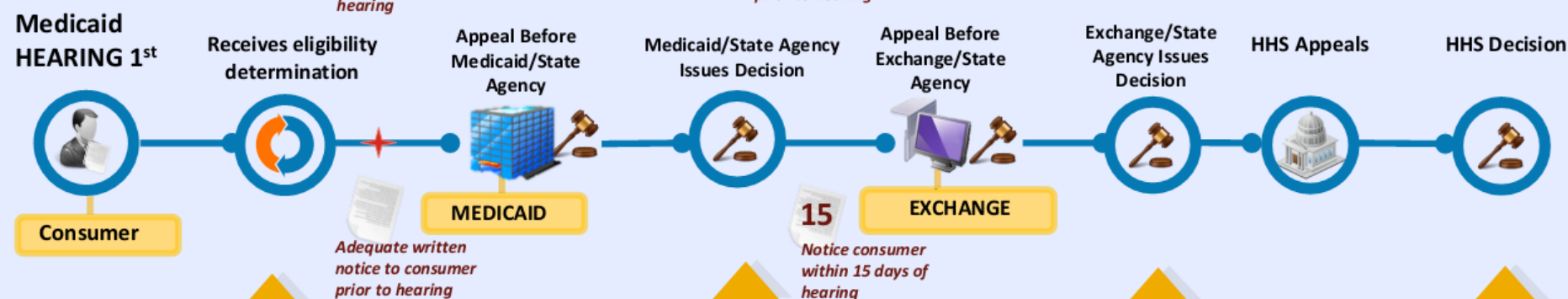
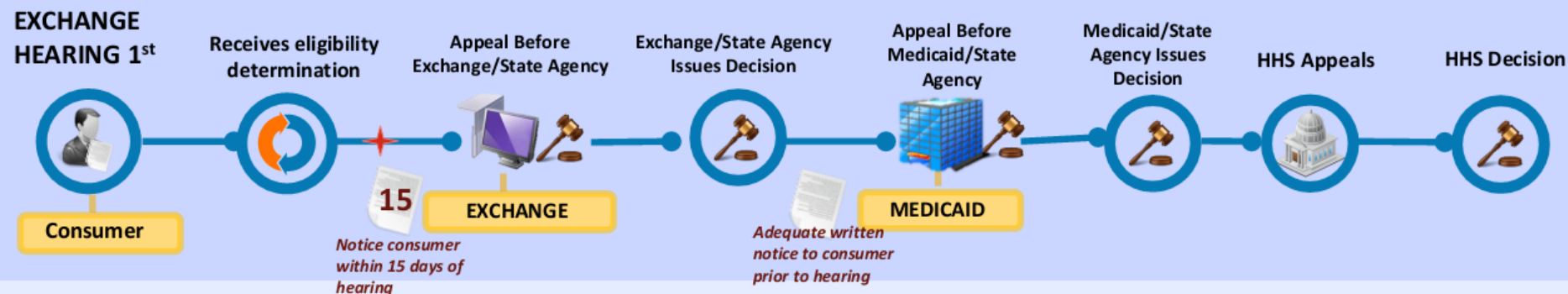
Example: Patrick from Woonsocket: Bifurcated Approach

SBE APTC/CSR AND MEDICAID: PARALLEL



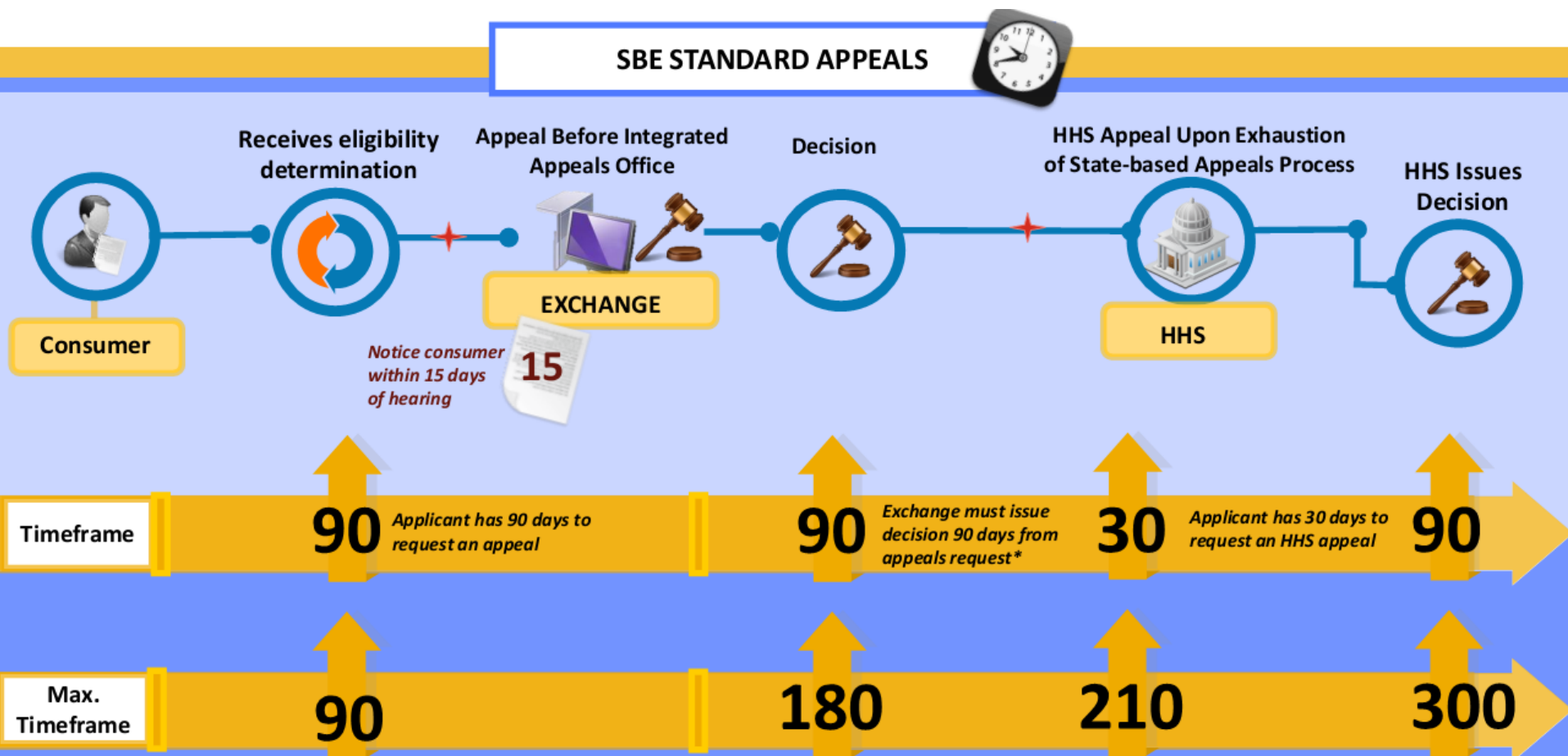
Example: Patrick from Woonsocket: Bifurcated Approach

SBE APTC/CSR AND Medicaid APPEALS: SEQUENCED



Timeframe	90	90	45	90
	Applicant has 90 days to request an appeal	Exchange must issue decision 90 days from appeals request*	Medicaid must issue 90 days from appeals request or no later than 45 days from Exchange appeals decision	
Max. Timeframe if Exchange 1st	90	180	225	315
Max. Timeframe if Medicaid 1st	90	180	180	270
			Exchange must issue within 90 days of initial appeals request*	

Example: Patrick from Woonsocket: Integrated Approach



Rhode Island Appeals Approach

OHHS will be the appeals authority over individual appeals for both Medicaid and Exchange eligibility.

Exchange staff to provide training, policy, and operational support.

Exchange hearings to be held at DOA or in OHHS Central Office


OHHS office to also serve SHOP and Large Employer appeals

Why an Integrated Approach?

- Better for consumers
- Conserves State resources

Informal Resolutions

Regulations promote informal resolution



Resolving appeals before they go to hearing is **cost effective** and **good customer service**.

- Quicker resolve of discrepancies
- Faster access to benefits
- Greater chance to outreach and explain determinations
- Less financial and resource burden
- Limits challenges posed by retroactivity of coverage

Informal Resolutions – Rhode Island

Currently

- “Adjustment Conferences”: Case work supervisors generally meet with Medicaid appellants in-person during business hours for informal resolution

Post 10/1

- Adjustment Conferences still available
- UHIP contact center can provide additional support
- Consumer Assistance Programs and Navigators/In person assisters

Discussion Items

Should large employer appeals go through the State system?

- The other option is to default to the federal system.

Should hearings for SHOP and for large employers be in-person or a desk review?

Thank You

Thank You!

If you have any questions, please contact me at:
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